

UNITED STATES BANKRUPTCY COURT Eastern District of Pennsylvania		INVOLUNTARY PETITION				
IN RE (Name of Debtor -- If Individual: Last, First, Middle) National Medical Imaging, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)				
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):						
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1919 Walnut Street Philadelphia, Pennsylvania 19103 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Philadelphia		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>				
<div style="text-align: right;">ZIP CODE 19103</div>		<div style="text-align: right;">ZIP CODE</div>				
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)						
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11						
INFORMATION REGARDING DEBTOR (Check applicable boxes)						
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: none;">Type of Debtor (Form of Organization)</th> <th style="text-align: center; border: none;">Nature of Business (Check one box.)</th> </tr> <tr> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <u>Limited Liability Company</u> </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other </td> </tr> </table>		Type of Debtor (Form of Organization)	Nature of Business (Check one box.)	<input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <u>Limited Liability Company</u>	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
Type of Debtor (Form of Organization)	Nature of Business (Check one box.)					
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VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>					
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)						
Name of Debtor	Case Number	Date				
Relationship	District	Judge				
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY				
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.						

B 5 (Official Form 5) (12/07) -- Page 2

Name of Debtor National Medical Imaging, LLC

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
 DVI Receivables XIV, LLC
 Name of Petitioner _____ Date Signed _____
 Jane Fox
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date
 Robert A. Pinal, Esq., Flamm, Boroff & Bacine, PC
 Name of Attorney Firm (If any)
 4905 W. Tighman, Ste 310, Allentown, PA 18104
 Address
 (610) 336-6800
 Telephone No.

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
 DVI Receivables XVI, LLC
 Name of Petitioner _____ Date Signed _____
 Jane Fox
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date
 Robert A. Pinal, Esq., Flamm, Boroff & Bacine, P.C.
 Name of Attorney Firm (If any)
 4905 W. Tighman, Ste. 310, Allentown, PA 18104
 Address
 (610) 336-6800
 Telephone No.

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
 DVI Receivables XVII, LLC
 Name of Petitioner _____ Date Signed _____
 Jane Fox
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date
 Robert A. Pinal, Esq., Flamm, Boroff & Bacine, P.C.
 Name of Attorney Firm (If any)
 4905 W. Tighman, Suite 310, Allentown, PA 18104
 Address
 (610) 336-6800
 Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
DVI Receivables XIV, LLC -- As above	Contract	911,938.53
DVI Receivables XVI, LLC -- As above	Contract	1,772,554.29
DVI Receivables XVII, LLC -- As above	contract	3,736,847.64
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims
		13,277,407.78

1 continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor National Medical Imaging, LLC

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
DVI Receivables XVIII, LLC
 Name of Petitioner _____ Date Signed _____
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 Jane Fox
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date _____
Robert A. Pinel, Esq., Flamm, Boroff & Bacine, PC
 Name of Attorney Firm (If any) _____
 4905 W. Tilghman, Ste. 310, Allentown, PA 18104
 Address _____
 (610) 336-6800
 Telephone No. _____

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
DVI Receivables XIX, LLC
 Name of Petitioner _____ Date Signed _____
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 Jane Fox
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date _____
Robert A. Pinel, Esq., Flamm, Boroff & Bacine, P.C.
 Name of Attorney Firm (If any) _____
 4905 W. Tilghman, Ste. 310, Allentown, PA 18104
 Address _____
 (610) 336-6800
 Telephone No. _____

x [Signature] 11-7-08
 Signature of Petitioner or Representative (State title)
DVI Funding, LLC
 Name of Petitioner _____ Date Signed _____
 Name & Mailing _____
 Address of Individual _____
 Signing in Representative _____
 Capacity _____
 Jane Fox
 c/o U.S. Bank Portfolio Services,
 as Servicer
 1310 Madrid Street, Suite 103
 Marshall, MN 56258

x [Signature] 11-7-08
 Signature of Attorney _____ Date _____
Robert A. Pinel, Esq., Flamm, Boroff & Bacine, P.C.
 Name of Attorney Firm (If any) _____
 4905 W. Tilghman, Suite 310, Allentown, PA 18104
 Address _____
 (610) 336-6800
 Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
DVI Receivables XVIII, LLC -- As above	Contract	2,436,955.83
DVI Receivables XIX, LLC -- As above	Contract	4,084,909.73
DVI Funding, LLC -- As above	contract	354,191.76
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 13,277,407.78

1 continuation sheets attached